

**STATE OF ALASKA  
MUNICIPAL GRANTS PROGRAM**

**REQUEST FOR PAYMENT**

Grantee

Grantee Address

Project Name \_\_\_\_\_ Grant Type:

Grant No. \_\_\_\_\_ Grant Period covered under this Payment Request

Pay Request No. \_\_\_\_\_ ☐ Final Pay Request: Check box if all project expenses are declared below.

**SUMMARY OF EXPENSES CLAIMED**

<b>COST CLASSIFICATION</b>	<b>Awarded Grant Amount</b>	<b>Cumulative Past Pay Requests</b>	<b>Current Pay Request</b>	<b>Total Eligible Expenditures</b>
1. Administration				
2. Legal				
3. Engineering Design				
4. Engineering Construction				
5. Construction				
6. Equipment				
7. Other				
8. Contingencies				
<b>9. Total ADEC Eligible Costs</b>				
10. Other Funding Sources				
<b>11. ADEC Eligible Grant</b> (Percentage of Line 9): <b>*60%__70%__85%__</b>				

\*Grants issued after July 1, 2008

I certify to the best of my knowledge and belief that the amount of this reimbursement is in accordance with the terms of the grant offer; that this request for payment represents the correct ADEC Grant share due which has not been previously paid; and that the work has been completed in accordance with approved Plans and Specifications. The subject project is now approximately \_\_\_\_\_ % complete.

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature